

Hospice and the Joint Commission—Are You Ready for Your Unannounced Survey?

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This past spring the Joint Commission (formerly JCAHO) conducted a survey of our hospice program in Massachusetts. We know that what we learned from our strategy to prepare for this survey can help others prepare for an unannounced Joint Commission survey of their programs.

The Survey Process

Acute care, long-term care, home care, and hospices have experienced Joint Commission surveys for many years. Throughout that period, healthcare organizations typically had a flurry of activity in the months preceding the survey. Within the Joint Commission there was a saying that “we could still smell the paint drying on the walls.” To encourage organizations to focus on ongoing compliance, the Joint Commission initiated unannounced inspections starting on January 1, 2006. Healthcare organizations now need to be “ready for the survey” every single day.

Hospice organizations are not presently required to be accredited by the Joint Commission. It is voluntary, although some private insurers will forego their own survey if an organization is accredited by the Joint Commission. Right now hospice is the fastest growing specialty within the Medicare system, even though its overall proportion of the Medicare budget is small. Hospice care has benefited from a renewed focus in recent years, and it can be assumed that over time this attention will become progressively more intense. So, where do we go from here?

The Joint Commission’s mission is “to improve the safety and quality of care”

provided to patients. With that goal, our organization underwent a focused, multiday survey of what we do and how we do it. The surveyor reviewed documents, observed our procedures, and made comments both on things we do well and those that could be improved. The surveyor had an extensive hospice background and was therefore informed enough to know exactly where to look, not only in the policy manuals, but also directly in our electronic medical records and hard-copy charts. The records selected were targeted and selected on the basis of certain diagnoses, symptoms, and lengths of stay.

The surveyor attended an interdisciplinary team (IDT) meeting and stayed for the entire meeting. Focus was placed on how we conducted the meeting, what we recorded in our progress notes, and whether patient care plans were complete and accurate. The surveyor accompanied clinicians providing care, and medication reconciliation was a primary focus during these visits. Our personnel records were also reviewed for proof of licensure, clinical competency, and evidence of continuing education. Staff members were questioned about handling safety issues for both staff and patients. Throughout the survey there was a strong educational focus; we were encouraged to ask questions, and the surveyor provided constructive comments throughout the process.

Preparing for a Survey

When preparing for a Joint Commission or any other regulatory survey, a list of priorities includes the following:

1. Establish in-house policies that ensure year-round compliance with standards, because most surveys and site visits are unannounced. Designate an appropriate individual (the “point person”) to assume responsibility for the ongoing, systematic review of electronic medical records, maintenance of personnel files, and records of staff education activities.
2. Review the policy and procedure manuals at regular intervals and keep them up to date. They must be accessible to all staff, who should know where to find them and how to use them. The point person for the survey should be familiar with the content and comfortable going through the manuals with the surveyor.
3. Study how IDT meetings are structured, with a focus on patient progress, and be certain that a plan of care with outcomes is documented for every patient. Outcomes should be measurable and include documentation of the severity before and after intervention. The meeting should be orderly, efficient, and attended by the entire team, with a designated clinical manager facilitating the meeting. Any tangential issues that arise should be followed up after the meeting so the discussion remains patient focused. The team meeting should be collaborative, with all team members having equal stature. The medical director should look for opportunities to provide brief educational points, answer specific

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questions, and search for evolving medical issues that require more attention or follow-up. Complete and current notes by all team members should be included as documentation in the patient's medical record.

4. Read regulatory and accreditation standards publications to determine "hot topic" areas of interest. At present, these areas include medication reconciliation, use of abbreviations in medical records, falls, disaster and emergency preparedness, look-alike and sound-alike drugs, influenza, and hand-washing.
5. Document clinical competency for all levels of staff, and ensure such documentation is appropriate to the care provided. Record continuing education activities in the human resources files. Verify compliance with health requirements for staff that have patient contact; their health records must be current (especially regarding tuberculosis [TB] shots).
6. Pay attention to staff safety issues. All staff should know the location of fire extinguishers and emergency exits. Every staff member must wear an ID badge. All staff must be familiar with the organization's mission statement and prepared to answer relevant questions from the surveyor.
7. Prepare for surveyors to accompany staff on patient visits within the home or other facilities. There, patient safety will be assessed, interactions with patients and families will be observed, and the surveyor will check medications for clear labeling. As noted earlier, medication reconciliation is an area of particular interest to surveyors.
8. Keep well-organized medical records, because surveys will definitely occur. Surveys may happen at random, but they are more likely to be targeted

reviews of specific patients selected by the surveyor. They will likely look closely for a detailed plan-of-care; continuous and current progress notes; and evidence of assessment of pain, its treatment, and response. Patient eligibility for hospice admission, certification, and recertification must also be timely and clearly recorded.

Ensuring High-Quality Patient Care

We feel that our survey was conducted in a tone of collaboration rather than confrontation. The surveyor discussed the rationale for determining the focus areas, and we were encouraged to ask questions. The surveyor also discussed how the standards are changing for 2009 and made specific recommendations on what we would need to do in order to ensure compliance with these new standards.

Surveyor suggestions were provided to us in a manner that encouraged us to improve and streamline some of our processes. This survey was beneficial for both the staff and the administration; from the survey, we have a clear picture of where we are now and where we could go in the future.

The survey demonstrated why continuous preparedness should always be maintained. The standards themselves should be looked at as guidelines for the high-quality operation of a hospice or other agency. Knowing these guidelines and remaining prepared for an unannounced survey at any time will help us provide better care to our patients.

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